REVIEW

BARRIERS TO HEALTH PROMOTION FOR INDIGENOUS COMMUNITIES: LESSONS FOR MALAYSIA

Aniza I, Norhayati M

Department of Community Health, 1st Floor, Faculty of Medicine UKM, Jalan Yaacob Latiff 56000 Cheras, Kuala Lumpur

ABSTRACT

Globally, the health of the indigenous people is lagging behind as compared to the mainstream population in countries in which they live. Despite improved overall prosperity and population longevity, social and health inequalities seem to persist in this underprivileged community. Failure in delivering effective health promotion toward the indigenous community is determined by a range of factors. This includes the absence of culturally sensitive awareness among the healthcare workers, ineffective communication of the healthcare providers, poor access to health service, lack of culturally specific health promotional materials, lack of involvement by indigenous healthcare workers, lack of community-based programs and inefficiency of indigenous health data collection. Effective interventions for indigenous health require a trans-disciplinary and holistic approach that incorporates indigenous health beliefs and engages with the social and cultural drivers of health. Such culturally congruent health promotion strategies are hoped to narrow down the existing wide gap of health outcomes that contribute to inequalities between indigenous communities and the mainstream population.

Keywords: indigenous community, health promotion strategy, culturally sensitive

INTRODUCTION

Health is viewed holistically in the Indigenous population. For the indigenous people, health is not merely the well-being of physical, mental, and spirituals the well-known traditional description of health, but it also includes an inclusion of cultural well-being of individuals and communities. In dealing with the interpretation of health issues, relationships within the community and indigenous spiritual connections to the land and ancestors need to be carefully considered. Brough in his writing had emphasized that the dominant focus in bringing health promotion to the challenge of indigenous health context, is concerned with developing resources and strategies which connect appropriately to the social and cultural aspect of the indigenous community.

The famous principle of health promotions defined in the Ottawa Charter is centrally concerned with empowering people to take greater control over their health. It includes a range of strategies to strengthen communities, developing supportive environments as well as educating the citizen on health issues. It can be clearly seen that health promotion is a field of practice that offers a variety of strategies for health improvement and has formed a major role to deal with the diversity of indigenous health issues.

In addition, health promotion can also be viewed as a combination of health education and related organizational, economic, and environmental supports for behaviour of individuals, groups, or communities that are conducive to health. It is undisputed that the core value of health promotion is to help people changing their lifestyle toward a state of optimum health. These lifestyle changes can be facilitated by a combination of efforts to enhance awareness, change behavior and create environments that support good health practices.

The central concern of health education and health promotion is health behavior. According to Glanz et al., health behaviours are “the personnel’s attributes such as beliefs, personality characteristics, expectations, motives, values, perceptions and other cognitive elements, including affective and emotional states as well as traits, overt behavior patterns, actions, and habits that relate to health maintenance, health restoration, ultimately health improvement”.

In relation to indigenous community, health promotion and education is no doubt, an important tool to improve health and thus reduces health disparities between the indigenous community and the general population. Moreover, health promotional goals need to find ways in which indigenous participation in society can be increased especially in relation to the economy, education, health services, modern technologies, incomes, and decision making. Hence, attention needs to be paid in the area of health promotion among the indigenous communities globally, as health indicator shows that they are the most marginalized and have poorest health outcomes although marked improvement is seen recently.
The main intention of this review is to identify the barriers in delivering health promotion and education toward the indigenous communities, in reducing the health inequities that exist between the indigenous people and the mainstream population. While many initiatives have been undertaken in other developed countries in improving delivery of health promotion to their indigenous communities, this article intends to explore how the same initiatives can be implemented in Malaysia settings, in order to improve the health quality of our indigenous community, namely the Orang Asli.

The questions that form the basis of the paper are:

i) What is the current global health status of the indigenous people?
ii) What are the causes of health disparities among the indigenous people?
iii) What are the barriers that hinder the process of delivering effective and efficient health promotion toward the indigenous communities?
iv) What are the recommended strategies that can benefit the Orang Asli in Malaysia to overcome public health issues from previously done health promotions?

METHODOLOGY

The article is a narrative review for health promotion strategies toward the indigenous communities. Most studies that used qualitative method have identified that the key themes are the barriers for health promotion delivery. In addition, we explore the need for and how to maximize health promotion efficiency and effectiveness. In this study, relevant literature was sought to address the review question. A literature review and web surfing on public health, social science, humanity and development were done in the following databases: Google Scholar, BMC, Science Direct, PubMed, Springer and BMJ Journals. The search took place in April 2013 till November 2013: articles retrieved were limited to the English language literature. Approaching the questions regarding the topics on health promotion in indigenous communities, the searches included the concept of <indigenous people> and <health promotion>. Other search terms also comprised of health education, communication barriers, access to healthcare, cultural sensitive and health program intervention.

RESULTS

Literature search revealed that almost all studies had been undertaken globally to highlight the importance of health promotion and education activities toward the indigenous community. However, despite health promotion strategies documented, there continue to be failure in health indicators. Thus, this persistently leads to disparities in health and social outcomes for Indigenous people relative to benchmark populations. Moreover, this finding clearly indicates that the impact of health promotional activities is minimal and there might be some potential drawbacks that need to be looked into, besides other underlying determinants of health. Table 1 shows some of the articles that looked into barriers in health promotion strategies.

DISCUSSION

Health of the Indigenous Community

All over the world, the health status of the indigenous people is considered lower than that of the non-indigenous. Furthermore, disparities between indigenous and non-indigenous populations are well documented with gaps confirmed on almost every social indicator. Ironically, in a number of key result areas the gaps are still growing. The cause of poor health was found to be multi-factorial. Educational shortcomings, poverty, shared crowded households and unsupportive environmental conditions contribute to lower quality of life than of the general population.

In Australia, the life expectancy gap of the Aborigines and the general population has been estimated at 12 years for men and 10 years for women. For decades, the indigenous populations experienced the worst living conditions, the greatest poverty and generally poor health status compared with those experienced by the non-indigenous populations. Apart from that, mortality rates from infancy and throughout the life span are three to five times greater among aboriginal peoples than among non-aboriginal peoples, especially due to respiratory, cardiovascular, and injury-related causes. Besides that, there are also increased risk factors, such as the use of tobacco, the adoption of hazardous alcohol and decreased access and use of preventive services.

Without exception, the Orang Asli in peninsular Malaysia experiences a similar trend of lower health status as compared to the general population. For instance, between 2003 and 2007, Infant Mortality rate (IMR) in the Orang Asli population was approximately two and a half time higher than the national IMR. The current prevalence of soil-transmitted helminthiasis seems to be unchanging as compared to previous study that shows persistently high prevalence and intensity of soil-transmitted helminthiasis (STH) among Orang Asli children.
Table 1 Reference articles with main theme of barriers in health promotion

<table>
<thead>
<tr>
<th>Author(s) of article</th>
<th>Article title</th>
<th>Journal title</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>K Hamrosi, SJ Taylor, P Aslani</td>
<td>Issues with prescribed medications in Aboriginal communities</td>
<td>The International Journal of Rural &amp; Remote Health,</td>
<td>Educational message &amp; communication styles should be less direct.</td>
</tr>
<tr>
<td>Elizabeth McDonald, Ross Bailie, Jocelyn Grace &amp; David Brewster</td>
<td>A case study of physical and social barriers to hygiene</td>
<td>BMC Public Health</td>
<td>Promoting community programs</td>
</tr>
<tr>
<td>Ross S Bailie, Elizabeth L McDonald, Year: 2011</td>
<td>Evaluation of an Australian indigenous housing program</td>
<td>BMJ Journals</td>
<td>Community Hygiene promotion programs</td>
</tr>
<tr>
<td>Clive Aspin, Ngiare Brown, Tanisha Jowsey, Laurann Yen, Year: 2012</td>
<td>Strategic approaches to enhanced health service delivery for Aboriginal people</td>
<td>BMC Health Service Research</td>
<td>Recruiting indigenous people to the health workforce.</td>
</tr>
</tbody>
</table>

It is clear that all of the inequalities in health as mentioned above are not just a consequence of shortfalls in health service delivery system, but also have complex origins in socio-economic conditions, living and working conditions as well as people’s lifestyles. Despite efforts being made for interventions with a focus on lifestyle change, still they have failed to deliver sustainable indigenous health gains. Furthermore, disparate belief systems and pervasive failures in communication are found to be the reason for this. It is also likely that the failure of health promotion reflects a non-engagement of health promoters, with the social and cultural drivers of health among the indigenous community and inappropriateness of the intervention used.

Explanations for Health Disparities
A number of different explanations have been suggested for the inequalities in health between the indigenous and non-indigenous people. Socio-economic disadvantages are believed to be the main culprit for the disparities. These disadvantages are reflected by poor housing, low educational achievement, unemployment, inadequate incomes that are known to correlate with a range of health problems and further facilitate lifestyles that predispose to disease and injury. From the historical point of view, it is postulated that loss of sovereignty together with dispossession of lands, waterways and customary laws have partly led to oppression of material and spiritual with increased susceptibility to disease and injury among the indigenous population.

Barriers to Effective Health Promotion and Prevention
Several factors have been identified as barriers that hinder the process of delivering effective and efficient health promotion strategies toward the indigenous communities.

Health Care Worker with Culturally Insensitive Attitude
Indigenous perspective is a challenge that must be faced by the practitioners of health promotion. Although healthcare professionals’ standards of care and values aim for equity and cultural proficiency, evidence suggests that healthcare professionals are no more exempt from prejudice than the rest of the population, which results in culturally insensitive healthcare provision. Meanwhile, it is argued that these negative prejudicial attitudes toward ethnic minority groups act as major barriers to the Australians and Torres Island Aborigines. This made them seek help from mental health services and psychologist, and thus the attitudes further contribute to ethnic disparities in healthcare provision by influencing medical decision-making. In addition, inter-cultural misunderstandings may also create barriers for effective health promotion message, unless message is consistent with the aspirations of indigenous community.

Ineffective Communication by the Health Care Worker
Among the barriers identified to cause shortfalls in conveying health message to the Indigenous community were difficulty in communication with the health personnel and lack of culturally...
sensitive health promotion strategies\textsuperscript{24}. The use of language that was not easily understood by the indigenous community will invite communication problems. The language used may be too complex, too medically oriented or not explained in sufficiently simple and easy terms\textsuperscript{25}.

In addition, the quality of communication between patient and health educator is another factor that plays a big role in determining the success of effective health promotion. Ironically, some of the health care providers are found to behave differently with patients from different socio-economic classes. The patients, on the other hand, communicate differently with health care providers depending on their socio-economic class. These differences add to the already existing boundaries of the underutilization of health care by patients\textsuperscript{25}, particularly from the indigenous group.

Meanwhile, it has been widely reported that many Indigenous patients feel uncomfortable or embraced when accessing health services. They often experience high levels of anxiety and shame when having to consult with health care personnel\textsuperscript{27}. Literacy and the ability to understand instructions are other barriers to medication regimen adherence. To make it worse, the use of medical terminology and complex language by health practitioners can also lead to misunderstanding, compounded by the fact that Indigenous people may feel embarrassed or uncomfortable in asking for clarification\textsuperscript{25} and prefer the conversation to end as quickly as possible\textsuperscript{11}.

The problems associated with poor communication are exacerbated largely as a result of the inability of health care workers to understand and acknowledge the cultural background of the Indigenous people. Moreover, poor access to health services as well as socio-economic disadvantages are likely to contribute to diminished levels of communication between health care workers and the Indigenous patients\textsuperscript{26}.

**Poor Access to Service**

Infrequency of public transport, lack of private vehicle ownership and distance from facilities were among the barriers for indigenous people in accessing health services\textsuperscript{25} and thus preventing them from receiving health promotion and education. It can be easily understood that, due to the lower socioeconomic status, the ability to own a private car is almost out of the question. To make the situation worse, there was no or poor provision of public transport by the government to cater the needs of the Indigenous people that resides in remote areas.

**Lack In Health Promotion Materials**

The aspects of health promotional and health educational materials for the Indigenous community can be considered backward. The health promotion personnel may have overlooked these underprivileged populations as an important target group for health promotion and education. While distance may explain the lack of use of mainstream health services by Indigenous people in remote areas, it does not explain on the lack of uptake in urban areas which implies that the service offered, or the way in which they are offered, is not meeting the needs of those Indigenous communities. For example, this situation might be due to the lack of the Indigenous art or pamphlets on display\textsuperscript{28} that leads to poor dissemination of health facts. Lesson learnt from Australia, where the health promotional materials in the form of pamphlets readily available for their Aborigines are culturally sensitive\textsuperscript{29}.

**Lack of Indigenous Health Care Worker’s Involvement**

Lack of health workers from the indigenous people adds a further layer of complexity to the challenges faced by indigenous communities. Despite the evidence that having health care workers from the same ethnic background as patients leads to improved health outcomes, little progress has been made in rectifying the current shortage of indigenous health workers\textsuperscript{31}.

Learning from New Zealand, it has been emphasized that there is a need for both the message and messengers to belong from the same ethnic group. By placing the Maori community workers in promoting health, more meaningful results on health issues discussed will be gained\textsuperscript{32}. For instance, the Indigenous patients were reported to acknowledge the absence of indigenous workers as a significant barrier to the availability of health care. Other than that, language and culturally based misunderstandings are largely influenced by inadequate explanations of modern medical concepts, which will give impact on the shortfalls in communication between health professionals and Indigenous people in the remote area\textsuperscript{32}.

Lack in number of health service provider from the indigenous ethnic group may eventually reduce the motivation and self-efficacy of the target population, mainly to acquire the knowledge and skills necessary for behavioural changes\textsuperscript{34}. Essential to the success of these approaches is the employment and cooperation of trained indigenous health personnel. They are more sensitive to the specific cultural needs of different communities and understand the reasons for discomfort with modern medicine\textsuperscript{33} and its approach.
Lack of Community Based Programs
Many indigenous groups have placed priority on the development of an indigenous health workforce that has both professional and cultural competence. The Indigenous people are also expecting and promoting the adoption of indigenous health perspectives, including spirituality, alongside with the conventional health services. Thus, the Indigenous people were also likely to prefer programs that are community-based, culturally directed and culturally appropriate.

Lack of Good Health Data
The current scarcity of health related data among Indigenous peoples is one of the major hindrances in targeting a specific approach to improve and enhance health promotional activities within this underprivileged community. For instance, the analysis of indigenous health worldwide is limited by the availability of good-quality health data. This analysis substantially limits the extent to enable for a detailed comparative analysis with regards to type of health promotion that should be prioritized. Moreover, the availability of health data is also affected by the geographical isolation of some indigenous rural community settlements and by the nature of being a minority within a nation state, as well as the rapid movement of individuals and families between rural and urban areas.

At the national level, many countries do not break their data to reveal ethnic differences, either in health or socioeconomic conditions. In addition, difficulties in gathering health data are compounded by poor communication within the health system. For example, the availability of information about cancer is limited for Indigenous people in Malaysia and similarly in the Australian Aborigines as compared to Australians generally. This is mainly a result of the shortcomings in the quality of identification of indigenous people in administrative data collections. This issue may obviously hinder the strategy in targeting those people who are vulnerable. Other than that, having lack of information in health related data will deviate the focus in targeting the real issue concerning health related problems, which will ultimately give an impact on the strategic approach.

RECOMMENDATION
To instil culturally sensitive component in the health promotion method
Indigenous models for health promotion have relied heavily on indigenous world views, especially the close relationship that people have with the environment, the culture and tradition, and the social structures and institutional arrangements that form the unique characteristic of indigenous societies. Understanding “the cultural interface” will provide a helpful conceptual tool to assist health educators to consider the complexity and diversity of indigenous people’s lived experiences when planning and implementing programs aimed at promoting active living. Therefore, if this interface is to be fruitful, health educators need to approach health promotional activities engagement from a strength-based perspective when working with indigenous people.

In addition, the cultural factors that will give impact in the participation of Indigenous people in health promotion activity need to go beyond a view of culture as a rigid entity and acknowledge, as there are different approaches and meanings attached to health promotion activities. In parallel, the health educator needs to recognize that health promotion and education initiatives are inevitably produced from modern cultural perspective that reflects particular values that are potentially incongruent and alien to some Indigenous people.

As a principle, indigenous health promotion should acknowledge the Indigenous cultural influences, historical and social context of the communities. Any health promotion initiatives need to sensitively acknowledge, affirm and reflect the values of Indigenous culture sensitively within and between communities. Moreover, initiatives that neglect the effects of history and the social environment of Indigenous people will have limited success and are deemed to fail. Ultimately, the main role of health educators is to bridge the gap between the world, where indigenous values dominate and the world is dominated by science, technology and global imperialism. In this context, it is clear that the health promotion message must be customized to the cultural values and beliefs and lifestyle preferences of the Indigenous community so that the focused and individualized messages could be easily accepted and adopted by them.

Involvement of the Indigenous leadership in designing health promotion strategies
Health promotion planners should take particular account on the marginalized populations such as the indigenous community in the context of a program during the design phase. Such populations are less likely to participate in programs, unless actively involved in their design and implementation, and actively supportive on the involvement. Although the non-indigenous health professionals have important roles to play, it should not suppress the leadership that already exists in indigenous communities, especially where indigenous capacity has not been able to keep pace with health demands and needs. While tribal
and community leaders may not have the technical and professional skills, they possess intimate knowledge of their people and have the decided advantage of being able to communicate in a vernacular language that makes sense. In any event, health leadership will be more effective if a relational approach is fostered and alliances are established between groups who are able to bring diverse contributions to public health programs.

Involvement of more indigenous people in the health care workforce

Learning from Australia, recruiting greater numbers of the Aboriginal and Torres Strait Islander people to the health workforce was seen as a high priority matter that would help to alleviate indigenous patients’ concerns and anxieties about their health care. The presence of Aboriginal and Torres Strait Islander staff in services such as the Aboriginal Medical Service (AMS) was cited as evidence of a service that was committed to improve the health and well-being of the Aboriginal and Torres Strait Islander people. From the finding, the Indigenous patients claimed that they felt accepted and that their health needs were taken seriously.

In Australia, the introduction of Aboriginal Medical Services (AMS) with the aim to offer health services in a culturally appropriate setting, offers various types of health services such as health checks, emergency care, dentistry, optometry, men’s and women’s health programs, immunization, counselling services and even providing transport to and from other related appointments. Most of the employees are Indigenous people and generally involved in health promotion and education, consulting with the community health needs, advising community members on health issues, liaising between health professionals and the indigenous population and in some remote settings, managing dialysis or administering medicine. In parallel, the quality of programming decisions can be improved with decentralized processes that actively engage the Indigenous peoples in program planning and delivery.

To strengthen the Indigenous Population Based Services

The establishment of self-managing indigenous health services is an important element of successful health promotion since self-determination is the key of indigenous aspiration. In such services, the norm will be based on indigenous world-views. Although the Indigenous people are part of the health care sector, they will also be part of the indigenous network. In order to meet the needs of indigenous clients and improve health outcomes, it is imperative that significant efforts are made to improve the recruitment and retention of indigenous people in the community based services.

For instance, traditional public health processes which rely on top-down processes of needs assessment of a community is largely based on epidemiological data to determine appropriate interventions. Due to this situation, health promotion in the indigenous community should apply a genuine model of bottom-up community development, in which the indigenous community agencies become the resource of the community to initiate ideas and problem solving strategies. This is in line with the health promotion cardinal principle of community empowerment, which should emphasize at engaging community members in decisions that affect them in the context of their everyday lives.

STUDY LIMITATION

As this narrative review was conducted through qualitative research, it limits its ability to be generalized to a wider population, due to its small sample size. In addition, most of the studies were carried out outside Malaysia, where the differences in historical background, types of problems faced and cultural approaches were found. We thus suggest that future studies in relation to this study should be done locally to identify if such circumstances exist in our Malaysia.

CONCLUSION

Given the lack of research and evaluation on health promotion area among the Indigenous people, the demands of having culturally appropriate health promotion strategies in indigenous community, particularly the Orang Asli in peninsular Malaysia is of paramount effort as it would result in the successfullness of health promotion programs.

The four parameters discussed such as instilling culturally sensitive attitude among the health care workers working in area of health promotion, the involvement of Indigenous leadership in designing health promotion strategies, involving more indigenous people in health care workforce and strengthening the Indigenous Population Based Services, are among important measures in maximizing health promotion strategies.

Finally, identifying the most suitable and effective health promotion strategies is therefore formidable task for the health policy planners as well as for the indigenous communities themselves in order to continuously working toward closing the health gap between the indigenous people and the mainstream population.
REFERENCES


7. Durie M. An Indigenous Model of Health Promotion. 18th World Conference on Health Promotion and Health Education. 27 April 2004.


21. National Health Committee of New Zealand. The social, Cultural and Economic Determinants of Health in New Zealand:


40. Tsakikis, G. The political economy of decentralization of health and social services. Canadian International Journal of
Health Planning and Management
1989;4:293-309.